

Bulletin on Current Literature of the National Society for Crippled Children and Adults

A Monthly Bibliography for Workers with the Handicapped

Vol. 11, No. 1

One Dollar a Year

1950
January 1949

AMPUTATION

1. Anslow, Ralph J.
The blinded bilateral. West Orange, N.J., Kessler Institute for Rehabilitation, 1949. 45 p., illus. (Rehabilitation series: no. 1).

Prepared by Capt. Ralph J. Anslow, a blinded bilateral war veteran who has had considerable experience with training procedures for the blinded veteran. The 45-page booklet contains over 48 photographs and illustrations, and covers all phases of routine daily activities. The "clock system" is explained and illustrated, and careful instructions are given for the performance of all tasks which the blinded bilateral will be called to do if he is to lead a normal or near-normal existence.

Available from The Kessler Institute for Rehabilitation, Pleasant Valley Way, West Orange, N.J., at 75¢ a copy.

AMPUTATION—MEDICAL TREATMENT

2. Spittler, August W.
Causes for amputations performed at Walter Reed General Hospital during 1947 and 1948, by August W. Spittler and Lloyd W. Taylor. J. of Bone and Joint Surgery. Oct., 1949. 31-A:4:800-804, 819.

"In this survey, the cases of 293 patients were studied, who had had a total of 304 extremities amputated...The cases selected for study represent a fair cross section of the amputations performed during 1947 and 1948 at Walter Reed General Hospital."

ARTHRITIS

See 32.

ARTHRITIS—MEDICAL TREATMENT

3. Graubard, David J.
Intravenous use of procaine in the management of arthritis, by David J. Graubard and Milton C. Peterson. J. Am. Med. Assn. Nov. 12, 1949. 141:11:756-761.
"The results reported herein as obtained by the intravenous use of procaine for the control of pain in arthritic conditions are sufficiently favorable to warrant the further use and investigation of this agent by this method as a satisfactory adjuvant to the treatment of these conditions."

BARUCH COMMITTEE ON PHYSICAL MEDICINE—REPORTS

4. Baruch Committee on Physical Medicine.

Report...for period of January 1, 1948 to June 30, 1949. Chicago, The Committee, 1949. 188 p.

A report of research and other advances in physical medicine and rehabilitation through the support of the Committee.

Available from the Baruch Committee on Physical Medicine, 30 N. Michigan Avenue, Chicago 2, Ill. Free.

BLIND

See 1.

BLIND—BIBLIOGRAPHY

5. Galisdorfer, Lorraine.

A new annotated reading guide for children with partial vision. Buffalo, Foster & Stewart Pub. Co., (c1950). 94 p.

"Publications have been listed in accordance with certain factors important in securing maximum readability for students with visual impediments. The following features have been considered in selecting suitable books for the guide: spacing between lines, words, and letters; paper without gloss; clarity of pictures; worthwhile, interesting content; and large type."

This bibliography may be ordered from the compiler, Miss Lorraine Galisdorfer, Kenmore Public Schools, Kenmore, N.Y., at \$1.00 a copy.

BLIND—EMPLOYMENT

6. U.S. Office of Vocational Rehabilitation.

Adjustment and prevocational training for the blind. Washington, The Office, 1949. 28 p. (Rehabilitation service series no. 88).

Staff development aids no. 7.

A symposium conducted at the conference of state workers for the blind, Pottsville, Pa., September 1948, discussing some of the more important elements of adjustment training, the recommended areas to be covered, and suggested methods for presenting materials. Contains sections on personal and social adjustment, orientation and travel training, development of basic skills.

BRACES—PERSONNEL

7. Thomas, Atha.

Special training the resident should have in the fitting and making of braces and prostheses. J. of Bone and Joint Surgery. Oct., 1949. 31-A:4:901-902.

"To prescribe and fit an orthopaedic appliance properly, the physician must not only possess a thorough understanding of the purposes of the brace, but also some knowledge of the fundamental design and fabrication, materials available, and joint and lock mechanisms." A paper presented at the Conference on Post-Graduate Education in Orthopaedic Surgery at the annual meeting of the American Orthopaedic Association, Colorado Springs, Colorado, May 18, 1949.

CAMPING—INDIANA

8. Indiana. Indiana Society for Crippled Children.

Camp Koch, Troy, Ind., annual report. Indianapolis, The Society, 1949. 44 p.

A report of the first season of Camp Koch, a camp for physically handicapped children. The appendix contains sample forms and records used, also several pages of illustrations.

Report available from Indiana Society for Crippled Children, 106 Market St., Indianapolis, Ind.

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CEREBRAL PALSY

9. Nervous Child, Apr., 1949. 8:2:107-248.
Contents: Description and differentiation of types of cerebral palsy, by Winthrop M. Phelps.-Etiology of cerebral palsy, by M.A. Perlstein.-Neuropathology of cerebral palsy, by Herman Josephy.-Surgical treatment of spastic children, by Tracy J. Putnam.-Intellectual evaluation of a group of c.p. children, by Bessie B. Burgemeister and Lucille H. Blum.-Investigation of emotional complications in c. p., by Sherman Little.-Psychological services for c. p. children, by Harry V. Bice.-Speech disorders in c. p., by Martin F. Palmer.-Camping for c. p. children, by Sarah J. Kinoy.-Vocational rehabilitation for c.p.s., by M. E. Odoroff.-Life adjustment for c. p.s, by George G. Deaver.-Familial or institutional treatment for c. p. children, by Robert E. Bruner.-"And descent on mine own deformities", by Frances M. Giden.-A pediatrician looks at c. p., by H. Laurence Dowd.-The care of the spastic child in Britain, by E. M. Creak.

Title of issue: Cerebral palsy: present views on diagnosis and treatment.

This issue, devoted entirely to articles on cerebral palsy prepared by authorities in their fields of specialities, is a major contribution to the literature on the subject. Copies may be purchased at \$2.00 each from Child Care Publications, 30 W. 58th St., New York 19, New York.

CEREBRAL PALSY—EQUIPMENT

10. Kuhnen, Joan C.
Reciprocal motion skis for cerebral palsied children. Physical Therapy Rev.
Nov., 1949. 29:11:517-518.

A newly designed pair of reciprocal motion skis developed at Lenox Hill Cerebral Palsy Center have been of great value in strengthening various muscle groups and teaching balance while in motion.

CEREBRAL PALSY—MEDICAL TREATMENT

11. Cook, Weston.
New concepts in the management of cerebral palsy. J. of South Carolina Med. Assn.
Aug., 1949. 45:8. 3p. Reprint.

Dr. Cook covers in this article "a little of the more modern thinking about the etiologic background, the present day orthopedic approach to the problem, and a little on the medical side concerning a few drugs that have been used in the treatment of cerebral palsy."

12. Holm, Carl L., and others.

Treatment of cerebral palsy; clinical study in use of d-Tubocurarine in peanut oil and myricin, by Carl L. Holm, Edmund V. Olsen and Robert S. Dow. Northwest Medicine.
May, 1949. 48:5. 4 p. Reprint.

"d-Tubocurarine in peanut oil and myricin is no substitute but rather an adjunct to the present therapeutic procedures of education, physiotherapy, and surgery in cerebral palsy. Early recognition, classification and treatment are of prime importance. In 35 cases treated with d-tubocurarine, the clinical course was not appreciably affected. Varying degrees of decreased spasticity, however, were noted, facilitating training and corrective procedures. Older children, contractures and abnormal patterns of movement proved detrimental in this series..."

13. Jones, Margaret H.

The infant with a neuromuscular handicap due to cerebral palsy. J. of Am. Med. Women's Assn. Aug., 1949. 4:8:313-319. Reprint.

A review of the medical aspects of cerebral palsy as based on the analysis of 500 cases at the Children's Hospital Clinic, Los Angeles, of which Dr. Jones is medical director. Protocols of 15 children under two years of age who were treated as outpatients are given.

In same issue: Cerebral palsy, a public health problem, by Eva Landsberg, p. 338-340.

CEREBRAL PALSY—MEDICAL TREATMENT (Continued)

14. Lucas, H. Keith.

The cerebral palsies of childhood; a study in the recent advances in aetiology and treatment and their relation to orthopaedic surgery. Sanderstead, Eng., Brit. Council for the Welfare of Spastics, (1949). 28 p.

"The doctor must understand the anatomical and physiological background of cerebral palsy if he is to make a correct interpretation of the symptoms and signs upon which the clinical diagnosis is based; and this monograph will be an invaluable help to him in his task."

An excellent, brief survey of the medical aspects of cerebral palsy, addressed primarily to the physician.

CEREBRAL PALSY—OCCUPATIONAL THERAPY

15. Crumrine, Elizabeth.

Occupational therapy treatment; craft instruction for the homebound cerebral palsied. Spastic Rev. Dec., 1949. 10:12:5-6, 9-10, 12.

Two large areas of service as seen by the occupational therapist are examined. They are: 1) Occupational therapy treatment, dealing primarily with children and administered under the prescription of a physician, and 2) Craft instruction, usually with adults for the purpose of recreation and status in the family.

CEREBRAL PALSY—PARENT EDUCATION

16. McKee, John D.

The greatest gift. Hygeia. Dec., 1949. 27:12:818, 856.

A personal account of how the parents of the writer, handicapped by cerebral palsy, encouraged him to take his first two steps.

CEREBRAL PALSY—PERSONNEL

17. Knight, Robert A.

Special training the resident should have in cerebral palsy. J. of Bone and Joint Surgery. Oct., 1949. 31-A:899-900.

Outlines the methods by which an orthopaedist may receive the specialized training necessary for treating cerebral palsied children. A statement presented at the Conference on Post-Graduate Education in Orthopaedic Surgery, conducted at the annual meeting of The American Orthopaedic Association, Colorado Springs, Colorado, May 18, 1949.

CEREBRAL PALSY—PROGRAMS—NEW YORK

18. New York. Joint Legislative Committee to Study the Problem of Cerebral Palsy.

Report of the ... Committee, Albany, The Committee, 1949. 67 p. (Legislative document 1949, no. 55).

This report includes 1) a survey of cerebral palsy in Schenectady, New York, 2) activities of state agencies in the field of cerebral palsy during 1948, and 3) recommendations for immediate steps to be taken for the expansion of services for cerebral palsy patients.

Available from William J. Butler, Chairman, Joint Legislative Committee to Study the Problem of Cerebral Palsy, The Capitol, Albany, N. Y.

CEREBRAL PALSY—PROGRAMS—SOUTH CAROLINA

19. Cook, Weston.

Cerebral palsy as a public health measure in South Carolina. Southern Medicine & Surgery. Aug., 1949. 3:8. 4 p. Reprint.

"A general background of cerebral palsy has been presented, with particular stress on the changes that have brought about a renewal of hope for the treatment of some of the patients. The problem as it exists in South Carolina and the facilities now available are discussed."

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CEREBRAL PALSY—SPEECH CORRECTION

20. Kastein, Shulamith.

Speech hygiene guidance for parents of children with cerebral palsy. New York, Cerebral Palsy Society of New York City, 1949. 11 p., illus.

A description of an experimental program for preschool children with both cerebral palsy and delayed speech set up as a part of the work of the Pediatric Cerebral Palsy Clinic, Vanderbilt Clinic, Columbia Presbyterian Medical Center.

CHILD CARE

21. Baruch, Dorothy W.

How to discipline your child. (New York), Public Affairs Committee, c1949. 31 p., illus. (Public Affairs Pamphlet, no. 154).

"The ideas and suggestions in this pamphlet are taken from Dr. Baruch's recent book, 'New Ways in Discipline,' published by Whittlesey House."

Available from Public Affairs Committee, 22 E. 38th St., New York 16, N. Y., at 20¢ a copy.

CHRONIC DISEASE—INSTITUTIONS

22. Masur, Jack.

The national clinical center for chronic disease research, by Jack Masur and N. P. Thompson. Hospitals. Nov., 1949. 23:11:45-56.

This article describes fully the facilities, architectural and engineering data, plans, etc., for the clinical center of the National Institutes of Health, now under construction. The new center will be a broad step toward conquering chronic diseases in the United States.

CONGENITAL DEFECT—ETIOLOGY

23. Wesselhoeft, Conrad.

Rubella (German measles) and congenital deformities. New England J. of Med. Feb., 1949. 240:258-261. Reprint.

In an earlier progress report, published in 1947 in the New England Journal of Medicine, the author discussed the entire subject of rubella, including its history, pathogenesis and differential diagnosis. This paper presents subsequent material dealing with congenital defects. The author appeals to the medical profession to face the rubella problem by supporting a nationwide investigation and by the amendment of Massachusetts laws to permit therapeutic abortions.

DEAF

24. Sinclair, Edmond B.

Problems of the hard-of-hearing child. Connecticut Health Bul. Dec., 1949. 63:12:326-331.

"This is a pediatrician's view by a person who has been exposed to the problems of the hard-of-hearing child for the brief period of one year." Such topics as growth and development, attitudes of parents and therapy are discussed.

DEAF—AUDIOMETRIC TESTS

25. Fiedler, Miriam Forster.

Teachers' problems with hard of hearing children. J. of Educational Research. Apr., 1949. 42:618-622. Reprint.

"The Department of Child Study of Vassar College is conducting a research program over a period of at least five years to study the developmental problems of hard of hearing children, with emphasis on personality development and problems of school adjustment. This paper reports a small bit of the research program initiated in the first year of study. The question to which an answer is here sought is: among the children reported by teachers as presenting classroom problems do we find more hard-of-hearing than normally hearing children?" Of 1180 children, in grades one through three, who were tested, "a significantly larger proportion of the children with defective hearing were named by the teachers as presenting classroom problems. These children were not, in general, recognized by the teachers as children with hearing losses."

DEAF—PARENT EDUCATION

26. Oregon. State Department of Education.

The A. B. C.'s for parents of preschool deaf children. Salem, The Dept., (1949).

15 p.

This bulletin is designed to help the parent of the preschool deaf child proceed in an intelligent way in helping the child become better prepared for the day when he will enter school.

Available from Division of Special Education, State Department of Education, Salem, Oregon.

DEAF—PROGRAMS

27. U. S. Children's Bureau.

Guide to the development of programs for the conservation of hearing. (Washington) The Bureau, 1949. 35 p. Mimeo.

Part I of this guide contains information on different types of hearing loss, statistics, evaluation, treatment and training. Part II deals with the administration of programs for the conservation of hearing.

DEAF—SPECIAL EDUCATION

28. Nelson, Myrthel S.

The evolutionary process of methods of teaching language to the deaf with a survey of methods now employed. Am. Annals of the Deaf. May & Sept., 1949. 94:3 & 4. 2 pts.

Thesis for the degree of Master of Arts, Gallaudet College, Washington, D. C.

DEAF—SPECIAL EDUCATION—ILLINOIS

29. Illinois. Department of Public Instruction.

The Illinois plan for special education of exceptional children: those with impaired hearing. (Springfield), The Dept., (1949). 57 p. (Circular series "C" no. 12.)

"This circular is prepared to assist school boards, administrators, and teachers in providing the essential educational services for deaf and hard of hearing children under the Illinois Plan."

Available from The State Superintendent of Public Instruction, Springfield, Ill.

DRUG THERAPY

30. Schlesinger, Edward B.

Rationale and use of muscle relaxants in neuromuscular disorders. Archives of Physical Medicine. Nov., 1949. 30:11:716-720.

See also 3;12;64.

EPILEPSY—MEDICAL TREATMENT

See 64.

EPILEPSY—MENTAL HYGIENE

31. Symonds, Alexandra.

Emotional problems in treatment and prognosis of epileptic children. Archives of Pediatrics. Aug., 1949. 66:8:355-362. Reprint.

"This paper is essentially a plea for physicians to treat epileptic children totally. The work of the last 15 years has shown conclusively that intelligent psychological treatment can make the difference between a totally incapacitated child with frequent major convulsions and a happy child with a fairly bright outlook."

FAMILY WELFARE

See 69.

GOUT
2. Kirkpatrick, John E.

Injury vs. gout. Industrial Medicine and Surgery. Nov., 1949. 18:11:464-466.

"This discussion concerns the study of 90 cases of gout...An acute attack of gout has its inception over a period of days before the acute symptoms are evident. Gouty bursitis or periarthritis should not be considered industrially connected or aggravated."

HEAD INJURIES

3. Schnitker, Max T.

A syndrome of cerebral concussion in children. J. of Pediatrics. Nov., 1949. 35:5:557-560.

"A syndrome of concussion in children following a minor injury to the head is described as it occurred in eleven cases. The clinical picture is that of a blow to the frontal or temporal skull followed by a lucid interval with crying, vomiting, and mild shock, followed by a period of traumatic stupor that closely simulates the classic syndrome of extradural hematoma in the adult...The syndrome is of short duration; recovery is complete in 24 hours and requires no special treatment."

4. Work, Walter P.

Paranasal sinuses in relation to skull injury; subsequent defects and their correction with tantalum plates. J. Am. Med. Assn. Dec. 3, 1949. 141:14:977-981.

"Cases are herein reported which demonstrate that tantalum plates encroaching on unabladed frontal sinuses may carry inherent complications not only to local but to intracranial tissues as well. In some patients trauma to the tantalum plates was instrumental in initiating complications. Surgical therapy of the frontal and ethmoidal paranasal sinuses is described. One case illustrates the sequelae of leaving isolated bits of frontal sinus mucosa."

HEALTH EDUCATION—DIRECTORIES

5. Steinhaus, Arthur H.

Sources of supplementary materials for health instruction, by Arthur H. Steinhaus and Karl E. Fant. J. of Public Health. Nov., 1949. 39:11:1407-1416.

Three tables are presented here. The first is an alphabetic list of about 150 agencies and groups of agencies, called Sources of Supplementary Material for Health Instruction. Table 2 is an alphabetic list of health subjects. Table 3 classifies sources by the form of the materials available, such as films, posters and exhibits.

HEART DISEASE—EMPLOYMENT

6. Probst, Everett W.

Employment of hypertensives in industry. Industrial Medicine and Surgery. Nov., 1949. 18:11:462-463.

"Industrial performance and accident records of 89 hypertensives are compared with those of an equal number of non-hypertensives in similar work...The findings reported here...indicate hypertensives to be good industrial risks and that many individuals with blood pressures above the usual arbitrary normals can serve industry satisfactorily over long periods. It is suggested that the so-called normals of blood pressure for pre-employment industrial examinations be revised upward."

HIMPILEGIA—MEDICAL TREATMENT

7. Covalt, Donald A.

Rehabilitation of the hemiplegic patient. Physical Therapy Rev. Nov., 1949. 29:11:514-516.

"It is the purpose of this paper to demonstrate that something can be done for the hemiplegic patient. Training can be done at home which will enable the patient to perform his self-care activities, and in many cases to learn to walk again."

HOSPITAL SCHOOLS

38. U. S. Office of Education.

School in the hospital, by Romaine P. Mackie and Margaret Fitzgerald. Washington, The Office, (1949). 54 p., illus. (Bul. 1949, no. 3).

"This bulletin has been prepared in the hope that it will stimulate school superintendents, hospital administrators, parents, and laymen to work for an educational program in every hospital where there are children of school age." Offers guidance in the organization and administration of a hospital school and the adaptation of the school program and curriculum.

Available from U. S. Superintendent of Documents, Washington 25, D. C., at 20¢ a copy.

HOSPITALS—ADMINISTRATION

39. American Hospital Association.

Hospital records administration; manual of procedures. Chicago, The Assn., 1949. 72 p. (ML9-49).

"The purpose of this manual is to provide a standard method of indexing and filing the materials which constitute the records of the hospital, excluding the patients' hospital records, the accounting records, and those of the nursing school."

MENTAL DEFECTIVES

40. Kanner, Leo.

A miniature textbook of feeble-mindedness. New York, Child Care Pub., 1949. 33 p. (Child care monographs no. 1).

Reprinted from: Nervous Child. 1948. 7:4:365-397.

Factors to be considered in a study of feeble-mindedness are given in addition to a historical sketch, and the genetic, cultural, material, physical, educational, and emotional determinants of the condition.

The monograph is available from Child Care Publications, 30 W. 58th St., New York, N. Y., at \$1.25 a copy.

MENTAL DEFECTIVES—MENTAL HYGIENE

See 47.

MENTAL DEFECTIVES—PSYCHOLOGICAL TESTS

41. Illinois. Department of Public Instruction.

Handbook and manual for the qualified psychological examiner in the Illinois plan for special education of the educable mentally handicapped. (Springfield) The Dept., (1949).

64 p. (Supplement to circular series "B" no. 12)

"This handbook has been prepared for the purpose of passing on to the Qualified Psychological Examiner the benefits of four years of experience in certifying and working with educable mentally handicapped children throughout the state of Illinois."

Available from the State Superintendent of Public Instruction, Springfield, Illinois.

MUSIC THERAPY

42. Paul, Doris.

Musicians in white. Part I. Hygeia. Dec., 1949. 27:12:840-841, 856,858.

"Music has the capacity to produce changes in metabolism, in breathing, blood pressure, pulse, and muscular and endocrine energy." When handled by a trained therapist the optimum beneficial effects of music may be realized by the patient.

Article to be concluded in January issue.

NURSERY SCHOOLS--ILLINOIS

3. Illinois. Department of Public Instruction.

The pre-school exceptional child in Illinois; a report on a study in Macon and Effingham counties, compiled by Mary S. Boynton and Genevieve J. Drennen. Springfield, The Dept., 1949.

78 p. (Circular series "G" no. 12).

"The result of a year's study of the problem is presented in this pamphlet...It points out the need as one much greater in number of children than is generally thought to exist. It clearly demonstrates the need for teamwork between educational, family, medical, and social resources of the community. It indicates ways that the school may help meet the problem by furnishing individual services and consultation even where organized nursery school programs are not yet possible."

Available from the Superintendent of Public Instruction, Springfield, Illinois.

NURSING

4. McClure, Catherine T.

Guest in the house. Am. J. of Nursing. Dec., 1949. 49:12:775-777.

"The child in the hospital improves physically and mentally when he is relaxed and can trust the nurses, doctors and parents to treat him with respect."

OLD AGE—NURSING CARE

5. Gubersky, Blanche D.

A modern home for the aged: the nursing program. Public Health Nursing. Nov., 1949. 41:11:582-584.

In same issue: Social service, by Vera M. Burke, p. 584-586.

"Nurse and social worker describe their place in the professional team that cares for a group of old people under standards that are high from both humanitarian and scientific viewpoints."

PARAPLEGIA—EMPLOYMENT

6. Kidwell, Clarence E.

An analysis of the vocational rehabilitation of paraplegic veterans. Occupational Therapy and Rehabilitation. Oct., 1949. 28:5:423-434. Reprint.

Report of the findings of a study based on two years' observation of approximately 200 paraplegic veterans. The training progress of 66 paraplegics who began 6 different types of training toward 32 different employment objectives is charted. The counselor is urged to inform himself of the physical, social and emotional aspects of paraplegia.

PLAY THERAPY

7. Axline, Virginia M.

Mental deficiency, symptom or disease? J. of Consulting Psychology. Oct., 1949. 13:5:313-327.

"Data for this study consisted of the records of 15 six and seven year old children who had been referred for play therapy because they were behavior problems, according to the parent's preliminary interview regarding these children."

POLIOMYELITIS—PREVENTION

8. National Foundation for Infantile Paralysis.

Recommended practices for the control of poliomyelitis. New York, The Foundation, 1949. 12 p. Mimeo.

Formulated by the National Conference on Recommended Practices for the Control of Poliomyelitis, held at Ann Arbor, Michigan, June, 1949.

"This material was prepared to answer the needs frequently expressed by the health officers, hospitals, physicians and others for an up-to-date, authoritative reference and guide for meeting practically the many problems related to the control of poliomyelitis."

Copies available from The National Foundation for Infantile Paralysis, 120 Broadway, New York 5, N.Y.

PSYCHOLOGY

49. Cruickshank, William M.

The emotional needs of crippled and non-crippled children, by William M. Cruickshank and Jane E. Dolphin. J. of Exceptional Children. Nov., 1949. 16:2:33-40.

The Raths Self-Portrait N Test was administered to two groups of children: one, a group of 87 crippled children; the other, a group of 193 non-crippled children. This test of emotional needs is concerned with 8 basic human needs, namely, to belong, to achieve, to have a feeling of economic security, to be free from fear, to love and be loved, to be free from intense feelings of guilt, to share in decision making, and to understand the world. This study showed that in the 8 basic human needs no statistical significant differences prevailed between the crippled children and the non-crippled children. Further study, however, is warranted of all children regarding their feeling of fear and guilt and, in this study, an over-abundance of love, protection, and affection.

PSYCHOLOGICAL TESTS

50. Muhl, Anita M.

Report of research studies of emotional factors in three types of physically handicapped children. Med. Women's Journal. Sept., 1949. 56:9:31-36. Reprint.

This paper confines itself to a discussion of research studies made on (a) 100 blind children at the California State School for the Blind at Berkeley; (b) 100 respiratory tuberculosis cases in San Diego County; and (c) 100 orthopedic cases at the Orthopedic Hospital at Frankston, Australia.

RECREATION

See 8;59.

REHABILITATION

51. Gamble, Shelby.

Rehabilitation in small communities. Ohio State Med. J. Sept., 1949. 45:9:893-894. Reprint.

Aspects and recommendations are discussed for a practical, workable, and active plan of rehabilitation developed to the satisfaction of all organizations and agencies, industries and communities involved.

See also 4.

REHABILITATION CENTERS

52. Furscott, Hazel.

Administration of a community rehabilitation center. Physical Therapy Rev. Nov., 1949. 29:11:497-504.

Charts of the community relationships and the administration of The Rehabilitation Center of San Francisco are given, and a typical case is selected which is illustrative of how the various elements contribute to the program of rehabilitation.

See also 66.

REHABILITATION CENTERS—VIRGINIA

53. Buchanan, Josephine J.

The Woodrow Wilson Rehabilitation Center. Physical Therapy Rev. Nov., 1949 29:11:508-512.

This article discusses the origin, facilities, purpose, activities and services of the Woodrow Wilson Rehabilitation Center, Fishersville, Virginia.

RHEUMATIC FEVER

Neupert, Carl N.

Fighting rheumatic fever. Nat. Parent-Teacher. Nov., 1949. 44:3:7-9.

What every parent and teacher should know is that much can be done toward controlling rheumatic fever and preventing its recurrence. Emphasis is placed here on the seriousness of the condition and equal attention to its more hopeful aspects.

RHEUMATIC FEVER--MEDICAL TREATMENT

Phimister, Jean.

Rx bed rest; a program for rheumatic fever patients. Modern Hospital. Nov., 1949. 73:5:61-63. Reprint.

It is agreed among all authorities that bed rest is of prime importance in the treatment of rheumatic fever. A sample day's schedule and laboratory procedures illustrate the services of a program for the treatment of patients at the Children's Heart Unit of the Victoria Foundation, New Jersey.

RHEUMATIC FEVER--MENTAL HYGIENE

Taran, Leo M.

Social and psychological problems associated with prolonged institutional care for rheumatic children, by Leo M. Taran and Edith Hodsdon. J. of Pediatrics. Nov., 1949. 35:5:648-661.

"One hundred boys and girls suffering from rheumatic disease were studied to determine the extent of the problem of adaptation to the sanatorium type of environment. Another group of 500 rheumatic boys and girls was studied to evaluate their relationship to their families after a prolonged separation from their homes while residing at the sanatorium....In general, most of our children adapt themselves readily to institutional care. Those who show difficulty in adaptation have most often psychologic problems which are carried from the original environment from which they come. Most of the minor reactions to admission to the sanatorium are temporary and of little importance from the standpoint of the child. Adaptation of a child to institutional care for an acute illness, such as rheumatic fever, in our experience, does not present a problem of major importance. Prolonged separation from home does not disturb the integrity of family life."

RHEUMATIC FEVER--PARENT EDUCATION

Taran, Leo M.

The education of parents of rheumatic children. Bul., St. Francis Sanatorium for Cardiac Children. Nov., 1949. 6:1:1-8.

An important part of the general educational program at St. Francis Sanatorium has been the education of parents. They are instructed in the matter of caring for their children, so that the gains made at the Sanatorium will not be nullified when the child returns home.

SCHOOL HYGIENE

Wilson, Charles C.

School health services. NEA J. Nov., 1949. 38:8:594-595.

"This article discusses the generally accepted beliefs concerning the scope and nature of a health program in the schools."

SOCIAL SECURITY

See 70.

SOCIAL SERVICE--PERSONNEL

Bishop, Thelma.

Group work for leaders of the physically handicapped. J. of Exceptional Children. Nov., 1949. 16:2:49-52,61.

The special implications of each group work concept must be understood by the leader working with physically handicapped children. "Suggestions are made in the areas of 1) group unity, 2) group acceptance of the leader, 3) democratic attitude, and 4) discussion in the group."

SOCIAL WELFARE--GREAT BRITAIN

See 71.

SPECIAL EDUCATION--PERSONNEL

60. National Society for Crippled Children and Adults.

Opportunities for the preparation of teachers of exceptional children. (Chicago), NSCCA, 1949. 99 p.

A cooperative study sponsored by NSCCA and U. S. Office of Education.

This booklet serves as a directory of teacher-education institutions in the U. S. offering work in the education of exceptional children and as a guide to students who wish to know where such facilities are available. Contains sections listing by state the colleges and universities offering a general course or a sequence of courses in one or more of the following areas: the blind and partially seeing, the deaf and hard of hearing, the crippled, the delicate, the speech defective, epileptic, the mentally deficient, the gifted, and the socially or emotionally maladjusted. Brief course descriptions are given.

Available from the National Society for Crippled Children and Adults, 11 S. LaSalle St., Chicago 3, Illinois, at 50¢ a copy.

SPEECH CORRECTION--INSTITUTIONS--MINNESOTA

61. Gaff, Jane.

The Minnesota Mobile Speech Clinic. J. of Exceptional Children. Nov., 1949. 16:2:45-48, 61.

An analysis of the services, personnel, testing methods, and equipment employed at the Mobile Speech Clinic. The Clinic was organized by the Minnesota Society for Crippled Children and Adults two and one half years ago.

SPEECH CORRECTION--PROGRAMS

62. Irwin, Ruth Beckey.

Make room for the speech and hearing therapist. School Executive. Sept., 1949. 4 p. Reprint.

Information for the school administrator on the need for speech and hearing therapy in the school system, and the steps to take to organize a program.

STUTTERING

63. Ainsworth, Stanley.

Present trends in the treatment of stuttering. J. of Exceptional Children. Nov., 1949. 16:2:41-44, 64.

"The writer has chosen to limit this discussion to a certain few elements which will give the interested reader a substantial basis for further understanding of stuttering, outline basic procedures in present stuttering therapy, and provide for the classroom teacher."

TRIDIONE

64. Mustard, Harry S.

Tridione therapy in epilepsy; a review of results in 156 patients with petit mal epilepsy with special reference to side reactions, by Harry S. Mustard and Samuel Livingston. J. of Pediatrics. Nov., 1949. 35:5:540-545.

"One hundred fifty-six patients with petit mal epilepsy were treated with tridione. One hundred four showed a definite improvement. Fifty-two either failed to respond favorably or manifested serious toxic effects requiring withdrawal of the drug."

TUBERCULOSIS--EMPLOYMENT

65. Heaf, Frederick.

Rehabilitation and resettlement of the tuberculous. Brit. Med. J. Nov. 5, 1949. 4635:1008-1011.

"Three difficulties complicate the rehabilitation of the tuberculous: 1) it is impossible to be sure that a tuberculous person has completely recovered from his infection; 2) there are no means of assessing the tuberculous person's capacity for work, except by

TUBERCULOSIS--EMPLOYMENT (Continued)

trial and error; and 3) persons with active tuberculosis are usually infectious." Suggestions are made for overcoming these difficulties.

VOCATIONAL REHABILITATION--PROGRAMS--MARYLAND

66. Burmeister, Charlotte R.

A step toward better vocational rehabilitation. Public Health Nursing. Nov., 1949. 41:11:587-590.

Liberty Mutual Insurance Company, Baltimore Office.

An account of the work and principles of the new program instituted in the Baltimore branch of the company a year ago.

WALKING

67. Lampos, C. J.

A preference for walking. Hygeia. Dec., 1949. 27:12:842-843,852,854-855.

Courage and perseverance are exemplified by a young man, handicapped by polio, in this short autobiographical sketch.

See also 16.

WHEEL CHAIRS

68. Deaver, George G.

Wheel chairs. Physical Therapy Rev. Nov., 1949. 29:11:505-507.

"In ordering a wheel chair it is essential to specify the parts which are needed to meet the needs of the patient and the conditions under which he lives and works."

NEW BOOKS IN THE LOAN LIBRARY

FAMILY WELFARE

69. National Conference on Family Life.

The American family, a factual background. Wash., D.C., Govt. Print. Off., 1949. 457 p. Report of Inter-Agency Committee on Background Materials.

"This general purpose of the Conference was to discover specific means by which the American family may be strengthened for the benefit of its individual members and society. The material in this volume helps to set the background against which the status of the family must be seen." Contains excellent statistical summaries in all areas of family welfare.

Available from U.S. Superintendent of Documents, Washington 25, D.C., at \$1.25 a copy.

SOCIAL SECURITY

70. Burns, Eveline M.

The American social security system. Boston, Houghton Mifflin Co., 1949. 460 p. \$4.50.

"The main characteristics of the various social security programs currently in operation in the United States, the difference among them and their relationships to each other" are depicted in this textbook.

SOCIAL WELFARE--GREAT BRITAIN

71. Beveridge, Sir William Henry.

Voluntary action; a report on methods of social advance. London, George Allen & Unwin Ltd. 1948. 420 p. \$4.50.

This report on voluntary action "is primarily concerned with what the individual has done and should do independently of the State to help himself and his fellows...It is a study of how such action can be kept vigorously alive in the face of the inevitable development of State action, and suggests the new forms which co-operation between the State and Voluntary Organizations may take, leaving a maximum of freedom and responsibility to the individual."

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2. RESEARCH to provide increased knowledge of the cause of handicapping conditions and their prevention, and in the methods of improved care, education and treatment of those afflicted.
3. DIRECT SERVICES to the handicapped, including case finding, diagnostic clinics, medical care, physical therapy, occupational therapy, speech and hearing therapy, treatment and training centers and clinics, special schools and classes, homebound teaching, psychological services, vocational training, curative and sheltered workshops, employment service, camps, recreational services, social services, and provision of braces, appliances, and equipment.

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